

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1388

FILED FEB 3 1958

STATE FILE NUMBER

188

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP. HILKARS		d. STREET ADDRESS (If outside, give location) 4325 AGNES AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last BERTHA CATHERINE PIPER		4. DATE OF DEATH Month Day Year JAN. - 10, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 8, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) QUEEN CITY, MO.	
13a. FATHER'S NAME DANIEL MILLER		14. NAME OF HUSBAND OR WIFE ISAAC PIPER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT ISAAC PIPER - 4325 AGNES AVENUE KANSAS CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Liver & Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) metastatic cancer of Breast DUE TO (c) ✓		INTERVAL BETWEEN ONSET AND DEATH July, 1957 Sept 1957 170X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 8, 1939 to January 10, 1958 and last saw her alive on January 10-58 Death occurred at 7:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1/11/58	
22a. SIGNATURE (Degree or title) Harold A. Pallett M.D.		22b. ADDRESS 1132 Prof Blvd K.C. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-13-58	23c. NAME OF CEMETERY OR CREMATORY QUEEN CITY	23d. LOCATION (City, town, or county) (State) QUEEN CITY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS R.C. MO.		26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

Harold A. Pallett, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address. *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.